PODCAST TRANSPORT EXPENSE CLAIM FORM

TAXI

PRIVATE CAR

ADDITIONAL COSTS (i.e. parking)

PATIENT NO			Prevention of De	DCAST
PATIENT INITIALS				
WHICH VISIT?				
PLEASE SPECIFY				
METHOD OF TRANSPORTATION:		DATE		AMOUNT
PUBLIC TRANSPORT			ONE WAY / RETURN	£

NB: PLEASE ATTACH ORIGINAL RECEIPTS (NO EXPENSES WILL BE PAID WITHOUT RECEIPTS EXCEPT IN THE CASE OF A MILEAGE PAYMENT)

ONE WAY/RETURN

miles

Item

£

£

£

@ £0.30

per mile

Please ensure you keep a photocopy for your records. If receipts are unavailable please discuss with the Trials Administrator on 0115 823 1701.

	DATE	PRINT NAME AND SIGN
INVESTIGATOR'S NAME		
EXPENSES AUTHORISED BY		
PAYMENT REQUESTED FROM FINANCE		

NB - PLEASE COMPLETE ONE FORM PER PATIENT PER VISIT

PLEASE COMPLETE AND POST FAO:

Lauren Dunn – Stroke Trials Administrator
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Nottingham University Hospital NHS Trust
Hucknall Road, Nottingham, NG5 1PB

Email: lauren.dunn@nottingham.ac.uk Tel: 0115 823 1701.

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